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State of Oregon Drinking Water Program  
 Monthly Disinfection Report for Ground Water Systems

System Name **RAINEYS CORNER** PWS ID# **41 94386**  
 Month/Year **2/26** WTP-A Req'd Min Residual **mg/L 0.4**

Date	Time	Source(s) In use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:30 AM	utility sink	40	
2	6:35 AM		40	
3	6:10 AM		40	
4	6:35 AM		40	
5	6:30 AM		40	
6	6:50 AM		41	
7	7:15 AM		41	
8	6:20 AM		40	
9	7:30 AM		40	
10	6:15 AM		40	
11	6:55 AM		40	
12	6:30 AM		40	
13	6:45 AM		40	
14	6:20 AM		41	
15	7:15 AM		40	
16	6:40 AM		40	
17	6:30 AM		40	
18	6:30 AM		40	
19	6:25 AM		40	
20	6:15 AM		40	
21	6:45 AM		40	
22	6:55 AM		41	
23	6:55 AM		40	
24	6:45 AM		40	
25	6:35 AM		40	
26	6:30 AM		40	
27	6:40 AM		40	
28	6:55 AM		40	
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach these results and submit</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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